

Murray Hill Theatre

Volunteer Application



If you have a heart for God, a love of people and a desire to serve, and would like to join the Murray Hill Theatre Family of Volunteers, please complete this application and then contact us to schedule an interview.

To expedite the application process, you may mail, fax or email the completed application to us prior to your interview.

**Murray Hill Theatre
932 Edgewood Ave. South.
Jacksonville, FL 32205
Phone: 904.388.3179 ~ Fax: 904.389.9473
Email: info@mhtrocks.com ~ Website: www.mhtrocks.com**

MURRAY HILL THEATRE † VOLUNTEER APPLICATION

GENERAL INFORMATION

Thank you for your interest in the Murray Hill Theatre (“MHT”) and your desire to serve in this ministry. MHT is operated by Murray Hill Ministries, Inc., a 501(c)(3) non-profit organization (“MHM”). We are not a church nor are we affiliated with any church or denomination. We are a ministry that is focused on sharing the Gospel and love of Jesus Christ with the people of Jacksonville. If you have a heart for God, a love of people and a desire to serve, then we would welcome you into our family of volunteers.

Please complete this Application in its entirety. **Clearly print all information.**

Name (First, Middle Initial, Last):	
Street Address:	
City, State, Zip Code:	
Phone (with area code):	
E-Mail Address:	
Social Media Address:	Facebook.com/
	Instagram.com/
	Twitter.com/
Date of Birth (month/day/year):	(You must be at least 16 to volunteer.)

REFERENCES REQUIRED. Provide the information requested below for three (3) adults who are over the age of 18 who know you well. References cannot be from anyone who is related to you or from an employee or volunteer of MHM. One of the references should be from a pastor or from an adult leader of a ministry in which you have been involved.

Name	Telephone Number	Connection (i.e. co-worker, friend, employer, etc.)

VOLUNTEER OPPORTUNITIES. Please check the areas in which you are interested. It is our intent to place each volunteer in the area(s) of his/her interest. MHT reserves the right to reassign volunteer positions at any time to accommodate ministry needs. All potential volunteers are required to attend a new volunteer orientation. We strive to host at least one event each weekend and ask that you work at least one event per month. However, you can work as many events as you would like and help at the Theatre outside of the shows.

<input type="checkbox"/>	Box Office	<input type="checkbox"/>	Sound (experience required)	<input type="checkbox"/>	Community Awareness
<input type="checkbox"/>	Ticket Taker	<input type="checkbox"/>	Lighting (experience required)	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	Snack Bar	<input type="checkbox"/>	Security & Crowd Control (must be 18+)	<input type="checkbox"/>	Janitorial or Maintenance
<input type="checkbox"/>	Photography (must have your own equipment)	<input type="checkbox"/>	Band Load-in/Load-Out	<input type="checkbox"/>	Office
<input type="checkbox"/>	Band Merchandise Sales	<input type="checkbox"/>	Band Runner (must have your own car)	<input type="checkbox"/>	Whatever is needed.

Signature: _____ Date: _____

FAITH QUESTIONS

Please understand that you do not have to be perfect to be a volunteer at MHT. However, we are expecting that our volunteers represent the love of Jesus Christ through this ministry, are seeking a close relationship with Him and will be an encouragement to others to do the same.

Have you accepted Jesus Christ as your Lord and Savior? _____

If yes, when and how did you accept Jesus? _____

If no, would you like to learn more about Jesus and having a personal relationship with him? _____

(____) Check here if your testimony is continued on the back of this page.

What are your core Christian beliefs? _____

Church you attend: _____

Address _____

Name of Pastor: _____ Phone: _____

Ministries or Bible Studies in which you are/were involved	How do/did you participate?	How Long?

Why do you want to volunteer at MHT? _____

When can you start? _____

AUTHORIZATION FOR BACKGROUND CHECK

Please complete, sign, date and return this authorization with your completed Application.

By signing below, I give Murray Hill Ministries, Inc., operating the Murray Hill Theatre and Snack Bar, permission to obtain a background check from the appropriate law enforcement agency.

PLEASE PRINT CLEARLY

First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Social Security Number (last four digits only):	XXX-XX-
Gender (male or female):	
Height:	
Weight:	
Ethnicity (i.e. Caucasian, African American, Asian, etc.)	

Are you known by any other name(s)? _____ If yes, list name(s) below.

First Name:	
Middle Name:	
Last Name:	

First Name:	
Middle Name:	
Last Name:	

The above information is true and correct.

Signature: _____ Date: _____

Phone: _____ E-Mail: _____